



COMMONWEALTH OF VIRGINIA
RICHMOND CITY HEALTH DISTRICT
400 East Cary Street, Suite 322
Richmond, VA 23219
(804) 205-3912
FAX (804) 371-2208



“Working together for a healthier Richmond”

APPLICATION FOR TOURIST ESTABLISHMENT PERMIT

RCDPH EH#1
9.1.15

NOTE: Please allow 3-5 working days when calling for opening inspection. Complete both back and front of application. Attach the required \$40.00 fee for tourist establishment & \$40.00 fee for bed and breakfast establishment.
APPLICATION FEE IS NOT PERMISSION TO OPERATE.

OPERATION TYPE: ☐ Hotel ☐ Motel ☐ Bed and Breakfast Inn

ESTABLISHMENT INFORMATION (Please check the appropriate box and provide information as applicable)

☐ New Establishment ☐ Name Change ☐ Change of Ownership ☐ Owner/Corporation Change ☐

Renewal

Establishment

Name: _____

Street

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Fax Number: _____

MAILING INFORMATION

Note: This address will be designated as the “address of record” for purpose of official communication from the department.

Legal owner type: ☐ Corporation ☐ Incorporation ☐ LLC ☐ Partnership ☐ Individual or ☐ Other Legal Entity

Name of Legal Owner: _____

Street Address or Post Office Box: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ E-Mail Address: _____

Local registered agent (required for out of State Corporations - must identify registered agent for Virginia)

Registered Agent Name: _____

Street Address or Post Office Box: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ E-Mail _____

Address _____

Alternate and Billing Address

Billing Address: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

ALTERNATE CONTACTS

Name	Position	Phone Number

of Rooms: _____ # of Stories: _____ Days of Operation: (Circle) SU M T W TH F Sa

Facility Operation Hours: Open: _____ AM PM Close: _____

☐ Yearly ☐ Seasonal (Indicate months of operation) Non-Smoking Area: ☐ Yes ☐ No

Method of solid waste disposal: ☐ Public ☐ Commercial Type: _____

ADDITIONAL INFORMATION

AS A CONDITION FOR RECEIPT OF THIS PERMIT I AGREE TO:

1. Read and be familiar with the laws, orders, rules and regulations, etc. governing the handling of tourist establishment in the Commonwealth of Virginia, Board of Health.
2. Abide by the conditions of such laws, orders, rules, regulations, etc.
3. Allow any authorized Department of Public Health agent access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required, and agree to accept notices issued and served by the regulatory authority.

I FURTHER UNDERSTAND THAT:

1. All tourist establishment permits issued by the Health District shall be renewed annually. A \$40.00 permit fee will be assessed to each permit.
2. All bed and breakfast establishment permits issued by the Health District shall be renewed annually. A \$40.00 permit fee will be assessed to each permit.
3. All approved applications shall be updated annually with all changes.
4. **Permits cannot be transferred from one operator to another or from one location to another.**
5. Permits are subject to revocation for just cause.
6. The Health District must be notified when the applicant ceases to be responsible for the establishment.
7. Health District requires a Plan review fee of \$40.00 on New/Remodeled building only.

SIGNATURE

Each application for a permit or renewal of a permit issued by the Richmond City Health District shall be signed or affirmed by the applicant, or owner or corporation officers, president, vice president secretary or treasurer. This application is to be completed in full and accurate to the best of your knowledge

Signature: _____ Title: _____

Print Name: _____ Date: _____

DO NOT WRITE BELOW THIS SPACE

Tax Map#: _____	GPIN#: _____	Census Tract: _____
Processing Fee: _____	Date: _____	Receipt # _____
Check/Cash/Credit Card: _____ Received by: _____		
Date Issued: _____ By: _____		
EHS: _____ Date Signed: _____		
Date Reviewed: _____ By: _____		

ACKNOWLEDGEMENT OF OPERATIONAL LIMITATIONS

As part of your application for a permit to operate a hotel, campground, or summer camp please read the following amendment to Section 35.1-18 of the *Code of Virginia*, which becomes effective July 1, 2004:

§ 35.1-18. License required; name in which issued; not assignable or transferable.

No person shall own, establish, conduct, maintain, manage, or operate any hotel, restaurant, summer camp, or campground in this Commonwealth unless the hotel, restaurant, summer camp, or campground is licensed as provided in this chapter. The license shall be in the name of the owner or lessee. No license issued hereunder shall be assignable or transferable. *The Board shall not issue a license to the owner or lessee of any hotel, summer camp or campground in this Commonwealth that maintains, or conducts as any part of its activities, a nudist camp for juveniles. A “nudist camp for juveniles” is defined to be a hotel, summer camp or campground that is attended by openly nude juveniles whose parent, grandparent, or legal guardian is not also registered for and present with the juvenile at the same camp.* (§ 35.1-18, Code of Virginia, Effective Date 1 July 2004).

I acknowledge that I have read Section 35.1-18 of the *Code of Virginia*, as amended. By my signature below, I hereby certify that a “nudist camp for juveniles,” as defined above, **will not** be maintained or conducted as any part of the activities of the facility for which I am applying for a permit to operate.

Furthermore, I understand that my refusal or failure to sign this Acknowledgement will result in the Virginia Department of Health denying my permit to operate the facility in question. If after signing this Acknowledgement, a “nudist camp for juveniles,” as defined above, is maintained or conducted at a facility for which a permit has been issued, the Virginia Department of Health may revoke the permit to operate this facility.

Signed:_____

Date:_____

Print Name:_____

Title:_____

